



01-80066

**CONSENT FOR BLOOD PRODUCTS TRANSFUSION
(NON-EMERGENCY TRANSFUSIONS)**

Addressograph:

I, _____, have been informed there is a possibility that I will require a medically necessary blood products transfusion. I am aware that without transfusion therapy my condition may be adversely affected.

The Benefits of a Blood Transfusion are to preserve life and promote recovery after surgery or a serious or life threatening medical condition.

The Risks of Blood Transfusion are extremely low as a result of donor screening and blood testing. Volunteers and designated donors are screened before blood is collected. Potential donors whose activities or medical history increase their chances of carrying an infectious disease in their blood are rejected. Donated units of blood are tested for the presence of infectious diseases such as AIDS, syphilis, Hepatitis B and C. Blood that tests positive is rejected. The blood is further tested to determine whether it is compatible for you before transfusion.

The Potential Adverse Effects of a Blood Transfusion are very limited because of the precautions taken by your doctor and the hospital through donor screening and blood testing. However, there are risks of transfusion including: a) Fever, chills and rash, b) Fluid overload of the vascular system, c) Major blood type incompatibility, d) Infection with Hepatitis B and C, and/or e) Infection with the AIDS virus. This list does not include every possible adverse reaction, but does address the most serious or common risks of blood product transfusion.

The Alternatives to Volunteer Donor Blood Products are as follows: a) Autologous Blood which is collected from you, the patient, days to weeks prior to surgery or medical need, b) Designated Donor Blood which is blood collected from people designated by the patient or their family/legal guardian. This requires at least three working days to collect, test and process and may not be compatible to the patient and may be less safe than volunteer donor blood because some donors may feel pressured to conceal conditions that might make them unsuitable donors; c) Erythropoietic agents (synthetic blood cell production growth factors) which is a synthetic chemical that stimulates the patients own body's bone marrow to produce red blood cells. This takes days or weeks to prepare the patient and increase their blood count; and d) Non-blood volume expanders such as saline, Dextran and Ringer's lactate solutions which will provide volume but will not function as red blood cells.

I acknowledge that I have read this form, or that it has been read to me, or that its contents have been explained to me including the benefits and risks of transfusion and the benefits and risks of the alternatives. I am satisfied with these explanations and all of my questions have been answered to my satisfaction.

I **consent** to transfusion as my physician(s) deems necessary in the course of my care.

I **refuse** to consent to the transfusion that my physician(s) has advised. I understand that both autologous and directed donor bloods need advanced preparation. Due to the nature of my medical condition these may not be appropriate. I also understand that medical management using Erythropoietic agents may not be appropriate due to the nature of my condition. My refusal to accept a blood transfusion may result in worsening of my medical conditions or even my death. I (We) release my physician, his/her assistants, the hospital and its personnel from any responsibility whatsoever for any untoward results due to my (our) refusal to permit the use of blood or blood products. A **refusal** of blood products shall be governed by the policy, "Center for Innovations in Bloodless Surgery and Medicine: Program Guidelines" which must be reviewed with the patient and/or family.

Signature of Patient or Person Authorized to Give Consent Time / Date

Relationship of Person Authorized to Give Consent

Physician / Designee Time / Date

Print Name of Physician

Signature of Witness if Telephone Consent Time / Date

Print Name of Physician

Name of Person Authorized to Give Telephone Consent

Relationship of Person Authorized to Give Telephone Consent